

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011746

STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 5639 Registrar's No. 10

DO NOT WRITE ON THIS STUB

AMENDED

**FILED APR 3 1962**

1. PLACE OF DEATH  
 a. COUNTY Lafayette  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mayview Missouri Length of stay in 1b 60 Yrs  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Washington Juno Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Lafayette COUNTY Missouri  
 c. CITY OR TOWN Mayview Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 8 Miles Southeast of Odessa Mo Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
Lovey Florence Stoll Mar. 26, 1962

5. SEX Fe. 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 5/13/1877 9. AGE (last birthday) 84  
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Carrollton Mo. 11. BIRTHPLACE (City and state or country) U S A 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Preston Wallace 13b. MOTHER'S MAIDEN NAME Susan Fergell 14. NAME OF HUSBAND OR WIFE Julius Stoll (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Address Mrs. Roy Stoll Mayview Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Myocarditis & myocardial failure  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Berniaity  
 DUE TO (c) Arteriosclerosis  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bed ridden several years  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1961 to April 2 1962 and last saw her/him alive on April 2 1962  
 Death occurred at 2:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. Martinez Coronor 22b. ADDRESS Odessa Mo 22c. DATE SIGNED 3-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Mar. 28, 1962 23c. NAME OF CEMETERY OR CREMATORY Marvin Chapel 23d. LOCATION (City, town, or county) (State) Mayview Missouri

24. FUNERAL DIRECTOR Husman-Sparks ADDRESS Odessa, Mo. 25. DATE RECD. BY LOCAL REG. 3-29-1962 26. REGISTRAR'S SIGNATURE Emma Davidson

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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William T. Sparks

Licensed Embalmer No. 4431

P. O. Address Odessa, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.